

2257

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

525

State File No.

Registrar's No.

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location Rural
(If outside city limits also write RURAL) 15 yrs (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution Home; In Community 15 yrs; In Arizona 15 yrs
(Specify whether years, months or days)
2. Usual Residence of Deceased: (a) State Texas; (b) County El Paso; (c) City or Town El Paso Yuma
(If outside city limits also write RURAL)
(d) Street No. _____; (e) If foreign born in U. S. A. _____
(b) If veteran _____; (c) Social Security No. none
(If NONE write the word)

3. (a) FULL NAME Learnor Gonzalez

4. Sex Female 5. Color or Race Mexican 6. (a) Single, married, widowed or divorced Married
6. (b) Name of husband Jose Gonzales 6. (c) Age of husband 70 yrs
or wife, if deceased _____

7. Birthdate of deceased March 28 1874
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 10 If less than one day
hrs _____ min _____

9. Birthplace El Paso Texas
(City, town or county) (State or Country)

10. Usual Occupation Housewife
none

11. Industry or Business _____

12. Name Fred Romero
13. Birthplace Texas
(City, town or county) (State or Country)

14. Maiden Name Juana Silva
15. Birthplace New Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Angela Gonzales
ROUTE 1 BOX 327 Yuma, Arizona
(b) Address _____

17. (a) Burial, Cremation or Removal Burial
Desert Lawn Mem. Pk. (c) Date 7/10/42
(b) Place _____

18. (a) Embalmer's Signature The Johnson Mortuary
(b) Funeral Director Yuma, Arizona
(c) Address _____

19. (a) July 11 1942
(Date received local Registrar)
(b) Mary A. Huffman
(Registrar's Signature)

20M 100% Reg 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) July 8, 1942;
TIME (Hour and minute) 11:05 PM

21. I hereby certify that I attended the deceased from Oct. 15, 1941 to July 8, 1942;
that I last saw her alive on July 18, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Hypertension

Due to Chronic Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? (City or Town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature John H. Stuges M.D.
Address Yuma, Ariz. Date signed 7/10/42

DURATION

1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.